

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90225 011 ***150.00

DOCUMENT # P01000060140

1. Entity Name
OMAC, INC.

Principal Place of Business

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 115
ORLANDO FL 32810

Mailing Address

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 115
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5104 N. Orange Blossom Tr
Suite, Apt. #, etc.
115

3. Mailing Address

5104 N. Orange Blossom Tr.
Suite, Apt. #, etc.
115

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

59-3715229

Applied For

Not Applicable

Zip

32810

Country

Orange

Zip

32810

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, ERWIN L
5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 115
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JOSEPH, PAMELA M**
STREET ADDRESS **5104 NORTH ORANGE BLOSSOM TRIAL**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **S** ☐ Change ☒ Addition
NAME **JOSEPH, ERWIN**
STREET ADDRESS **5104 North Orange Blossom Trail, Ste 115**
CITY-ST-ZIP **Orlando, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Moses, Keith O., Esq.**
STREET ADDRESS **45 Montgomery Street**
CITY-ST-ZIP **Merzandine Jersey City, New Jersey 07302**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02 **(607) 445-4626**

Date

Daytime Phone #

CR2E034 (9/01)